Issues & Observations Utilizing Telemental-Health Technology in Rural Utah During the Covid-19 Pandemic

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Mental Health Services in Rural Utah

- Access to mental health and substance abuse services is sharply limited due to difficulties recruiting and retaining licensed mental health providers.
- Suicide rates
  - CDC estimates nearly double compared with Metro areas and are likely underestimated
  - At-risk demographics incl. Indigenous Americans
  - At-risk industries such as farming and extraction
  - Access to lethal means incl firearm ownership rates, other methods
- Substance Abuse prevalence
- ACES prevalence (over half report 1, more than 10% report 4 or more)
- Access barriers (Geography, infrastructure, availability)
- Acceptability of mental health services in rural, small-town culture
- Reimbursement rates

Prior Utilization in Rural Central Utah

- IHC has been providing psychiatric med stabilization services and time-limited medication management through the Mental Health Integration program. Dr. David Burrow has been utilizing HIPAA-compliant videoconference technology located in the hospital to provide.
- Central Utah Counseling Services, the local Community Mental Health Center, had also been providing limited psychiatric services via distance technology.
- The Utah Psychology Internship Consortium has been providing group supervision and distance meetings in support of the training program.

Utilization of Telemental-Health Services to Counter Covid-related Restrictions

- At Sevier Valley, patients were encouraged to opt for teletherapy. In-person appointments continued for acute patients, warm-handoffs from medical providers seeing patients in-clinic, or for patients refusing telemental-health services.
- Central Utah Counseling Services shifted exclusively to telemental-health services for all outpatient services.
- Provider opportunities to access continuing education was significantly enhance by DOPL's temporary lifting of distance CE limits for interactive online education (critical during a licensing year).

Notable Benefits and Concerns of Telemental-Health Delivery

- Telemental-health options address geographic and transportation barriers restricting access to care.
  - There are significant geographic swaths in which suitable broadband is unavailable and also lack cellular service.
- Telemental Health has the potential to improve generalizability of learning and attendant benefits by providing intervention in the home environment rather than in the more artificial office environment.
  - Telemental-health does not address lack of access between differing levels of care.
    - Inpatient treatment benefit is limited by the generalization barrier presented by the highly controlled/structured hospital environment where learning takes place, and difficulties posed by applying what one learns there to the home situation/social milieu.
    - While telemental health provides unique opportunities to facilitate generalization by providing treatment to patients in their home environment (when possible), there are not opportunities for transitional steps in therapeutic structure or treatment intensity offered by accessibility of hospitalization/day treatment/intensive outpatient services.

Notable Benefits and Concerns of Telemental-Health Delivery (cont.)

- Telemental-health availability has facilitated services to medically compromised patients who are homebound.
  - There are still significant limitations regarding specialty care (psychiatric, forensic, specific patient populations, neuropsych assessment, treatment for developmental disorders)
- Telemental-health does address privacy concerns inherent in rural treatment settings, including within-clinic privacy fears.
  - Lack of environmental control on the consumer end creates an inherent risk to confidentiality and privacy
- The option to access distant providers can circumvent the dual-role conflicts inherent in rural mental health practice.

Observations from Dr. David Burrow

- Telehealth is a huge boon for getting rural patients access to mental health services that they would otherwise not be able to access.
- Some patients are able to access services in their homes, but others do not have reliable internet access or computers there and still need to come into clinics to access the services.
- For some patients, coming into the clinic will be necessary from a safety standpoint, or an appropriate medical management standpoint, even if the mental health professional seeing them is remote.
- Telehealth opens up interesting opportunities for involving patients' support systems when those support systems are spread out, as the technology evolves to make this easier (eg – inviting a family member into a session when the patient wishes)

Observations from Dr. David Burrow (cont.)

- Currently, there are some laws (such as the Ryan Haight Act) that needlessly complicate medical care via telehealth. Having an established, regular relationship with a patient via telehealth should be enough to permit prescribing any medication the provider is otherwise capable of prescribing.
- The more that large, multi-specialty organizations can increase the availability of tele-health resources, the more we can promote the preventative use of those resources, rather than the reactive use of those resources after someone has become so ill as to require hospitalization, which will reduce both the public and private burden of disease, and improve Utahns' overall health and quality of life.
- Culturally, there are many shifts that we have to make to ensure we're giving patients our full attention while doing telehealth, though, because it's easy to get sucked into the many notifications that will pop up on a screen on a computer or phone during a visit, and that will have a tendency to distract us and may lead to increased risk of errors and omissions.
- Although my own specialty is particularly well-suited for video visits among patients who are comfortable with them, there are many specialties that would require extra accommodation (eg – someone local to the patient to perform and report physical exams to the remote healthcare provider, whose exam skills the healthcare provider knows and trusts), this may be a particular barrier in some cases. It is likely that any enduring telehealth model would need to be a hybrid one that involves periodic in-person visits both during well and sick visits.

Long-Horizon Considerations

- Revenue competition between local mental health providers and geographically distant providers may inhibit improvements to local mental health infrastructure and provider access. (Levels of care, need for continued availability of in-person services, hospital diversion options).
- Concern that shifting focus from locally-provided services may serve to undermine priority recruitment and retention of local mental health providers.
- Whether or not services are provided locally or remotely, there is still insufficient availability of psychiatric providers, psychotherapy providers, and specialty mental health services.
- Integrated mental health and medical services provides opportunities for collaborative treatment and ongoing consultation that cannot be readily duplicated across geographic distances.